

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	422	12/21
TYPIST	323	12/30
VERIFIER	322	12/31 94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	5-22-94
2	10-24-95
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Cancelled
- Restricted
- Non-elected
- Interference
- Appeal
- Objected

(LEFT INSIDE)

Claim	Date
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